

**DISCLOSURE OF FINANCIAL RELATIONSHIPS
RESOLUTION OF CONFLICT OF INTEREST
PROCEDURES
(COI)**

**CONFLICT OF INTEREST POLICY FOR PROGRAM PLANNERS, SPEAKERS, MODERATORS,
REVIEWERS, AUTHORS, ET.AL. OF CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES**

The mission of the International Association for the Study of Lung Cancer (IASLC) of Continuing Medical Education is to promote the study of the etiology, epidemiology, prevention, diagnosis, treatment and all other aspects of lung cancer; disseminate information about lung cancer to the members of the Association, to the medical community at large, and to the public; and use all available means to eliminate lung cancer as a health threat throughout the world.

IASLC CME requires that the content of CME activities and related materials are developed free from the control of commercial interest; provide balance, independence, objectivity, and scientific rigor. Planning must be free of the influence or control of a commercial entity, and promote improvements or quality in healthcare. All recommendations for CME activities involving clinical medicine must be based on evidence accepted within the medical profession.

All scientific research used to support patient care recommendations must conform to generally accepted standards of experimental design, data collection, and analysis.

Definition of Conflict of interest:

A Conflict of interest (COI) is created and exists when individuals in a position to control the content of CME, or their spouses/partners, that have a relevant personal financial relationship within the past 12 months with a commercial interest that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on patients that benefits the individual in any financial amount and therefore, may bias their opinions and teachings. This may include receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research and clinical trials), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected.

IASLC CME Department planners/reviewers/IASLC Ethics Committee/CME Subcommittee et. al. *will identify, review and resolve all conflicts of interest* that persons involved in the development, content, management, influence and presentation disclose prior to an educational activity being delivered to learners. Individuals who fail or refuse to disclose relevant financial relationships will be disqualified from the CME activity and removed from any of IASLC CME activity presentations.

The Role of IASLC CME:

IASLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME), is responsible for creating a mechanism to identify, manage and resolve all conflicts of interests for all individuals involved in the planning and implementation of an ACCME certified activity.

The IASLC financial relationships/conflict of interest policy should not be regarded as creating a presumption of impropriety in the existence of financial interests or other relationships of a commercial nature. IASLC's conflict of interest policy will rely on individual's disclosing interests, IASLC reviewing and resolving the conflict of interest if any.

This policy has been designed to harmonize with the standards of other international organizations dedicated to progress in cancer care and research. This policy document enables a framework for the IASLC and its Education Committee/Ethics Committee/CME Subcommittee to manage any disclosures of interests that might be construed as resulting in real, potential or perceived conflicts.

IASLC views funding from the tobacco and related industries as inherently contradictory to the purpose of the organization. IASLC expects that all research reported at meetings be done in accordance with generally acceptable legal and ethical standards (e.g. Declaration of Helsinki, "Common Rule" etc.). The IASLC requires that a statement of adherence be provided at the time that research abstracts, publications etc. be submitted for presentation/publication. Furthermore, any research presented at sponsored meetings must have been done in accordance with these standards and that participants must so certify at the time that they agree to participate.

IASLC CME incorporates the following strategies as part of the overall planning process of CME activities:

- Identify relevant financial relationship(s) that may constitute a conflict of interest for all individuals involved in the planning and implementation of the proposed CME activity (planning committee members, faculty presenters, authors, etc.).
- Disqualify any individual who fails to provide disclosure from participation in the planning and/or implementation of the proposed CME activity.
- Implement educational planning and design strategies that work to ensure that content is balanced, scientifically rigorous, and evidence-based and reflects the current standards of care and/or future directions of medicine and healthcare.
- Monitor and manage CME activities in accordance with the current standards, regulations and guidelines outlined by the constituencies involved in the delivery of continuing medical education, research, and patient care.
- Document the processes for needs assessments, gap analysis, content validation, and educational design that provide for fair and balanced discussion of desired topics.

- Monitor the execution of CME activities to validate the presence/absence of commercial bias and the consistent application of the standards of quality education for physicians and other healthcare professionals.

IASLC requires that original research presented at these meetings should have been conducted in accordance with appropriate national and international ethical guidelines. At a minimum, prospective research utilizing human subjects requires approval and oversight by an Institutional Review Board and informed consent.

In addition, following interests or relationships should be disclosed to IASLC:

1. **Employment or Leadership Position:** Any full- or part-time employment or service as an officer or board member for an entity having an investment, licensing, or other commercial interest in the subject matter under consideration must be disclosed.
2. **Advisory Role:** Consultant or advisory arrangements with an entity having an investment, licensing, or other commercial interest in the subject matter under consideration must be disclosed if consultation was performed or payments made for such consultation within 2 years of the activity or subject matter in question.
3. **Stock Ownership:** Any ownership interest within two years except when invested in a diversified fund (not controlled by the covered individual) in a start-up company, the stock of which is not publicly traded, or in any publicly traded company, must be disclosed if the company is an entity having an investment, licensing, or other commercial interest in the subject matter under consideration.
4. **Honoraria:** Honoraria are reasonable payments for specific speeches, seminar presentations, or appearances. Disclosure of honoraria is required when paid directly to the covered individual by an entity having an investment, licensing, or other commercial interest in the subject matter under consideration and when provided within 2 years of the activity or subject matter in question.
5. **Research Funding:** All payments associated with the conduct of the clinical research project in question must be disclosed if provided by the trial sponsor or agents employed by the sponsor, regardless of whether the payments are made to the individual directly or to the individual through their institution.
6. **Expert Testimony Provision:** Expert testimony must be disclosed when the testimony relates to the subject matter under consideration.
7. **Patents or Patents Pending All:** Patents or patents pending potentially related to the subject matter must be disclosed.

8. **Other Remuneration:** The value of trips, travel, gifts, or other in-kind payments not directly related to research activities must be disclosed if received from an entity having an investment, licensing, or other commercial interest in the subject matter under consideration and when received within 2 years of the activity or subject matter in question. These payments exclude research-related costs. Remuneration from the tobacco industry for any purpose (e.g. expert testimony) is strongly discouraged and must be disclosed.
9. **Tobacco Industry Funding:** Direct or indirect funding by the tobacco industry for research is incompatible with the goals of the IASLC. Research funded by the tobacco industry is not acceptable for presentation at any IASLC authorized meeting. Tobacco industry funding is defined as funding directly or indirectly (e.g. through foundations) provided. This does not include funding that was obtained as a result of legal action against the tobacco industry or taxation of that industry and its products or from governmental regulatory agencies (See Appendix 1).

General Guidance for Declaration of Adherence to Good Clinical Practice Standards

10. The submitting author of any research abstract/paper etc. must certify that appropriate GCP standards have been followed during the course of the research.
11. Any person presenting in an IASLC forum (e.g. discussant, overview etc) must certify that any data presented from their personal research meets GCP standards. In the USA, this is governed by the USFDA:
<http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/>.

Procedures for Identifying, Managing, and Resolving Conflicts of Interest:

IASLC CME will identify and resolve relevant financial relationships prior to awarding *AMA PRA Category 1 Credit™* for CME activities. All individuals in a position to influence or control the content of a CME activity (planning committee members, CME Ethics committee, CME Subcommittee, authors, planners, speakers, reviewers, et.al.) are required to complete the IASLC CME Financial Relationships and Conflicts of Interest disclosures form in which they disclose their financial relationships as well as attest that any and all clinical recommendations made for patient care will be based on the best available evidence, that a balanced view of therapeutic options will be given, and that the content will be developed in accordance with the ACCME Content Validation Statement.

[Independent Content Validation:](#)

Conflict of interests may be resolved if the CME material is peer reviewed and:

- All the recommendations involving **clinical medicine** are based on evidence that is accepted within the profession of medicine as adequate justification for indications and contraindications in the care of patients.
- All **scientific research** referred to, reported or used in the CME activity in support or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.

The Financial Relationships & COI Disclosure form will request that the person involved in the CME activity affirm their commitment, via signature, to ensure balance, independence, objectivity, and scientific rigor in IASLC CME activities.

IASLC CME implements primary and secondary COI resolution methods for all CME-certified activities; the primary resolution method is implemented for all individuals in a position to control or influence the content of a CME activity. The secondary resolution methods are implemented for all individuals who have identified financial relationships with commercial interests through the primary resolution method.

[Primary COI Resolution Method for All Activity Types:](#)

Completion of the IASLC CME Financial Relationships & COI disclosure form as described above. In addition, learners will have the opportunity to identify any perceived commercial bias through the course evaluation.

[Secondary COI Resolution Method Options by Activity Type:](#)

For ALL activities:

- IASLC CME Ethics Committee, CME Department and/or independent reviewer prospectively review the content and complete a “Resolution of Conflict of Interest” form stating the action taken to resolve the COI; completed forms must be returned to IASLC CME Department, and/or

- The speaker(s) prospectively provide slides to IASLC CME for review prior to presenting; content is revised as needed according to the results of the review.

Enduring Materials (i.e., print, Internet-based):

- All content will be prospectively reviewed and approved by IASLC Ethics Committee, CME Department prior to the release of the activity; content will be revised as needed according to the results of the review.

ALL content of activities will be prospectively reviewed and approved by IASLC Ethics Committee reviewers prior to the release of the activity; content will be revised as needed according to the results of the review.

Note: If the activity involves a moderator who has identified conflicts of interest and has no identifiable content to be reviewed, then the resolution method for that moderator consists of completion of the IASLC CME Financial Relationships & COI disclosure form as well as completion of the course evaluation by the activity learners.

In addition, the following prospective action may be taken to resolve potential COI depending on the financial relationships identified by the individuals:

PRIMARY METHOD OF COI RESOLUTION	
All individuals in a position to control or influence the content of the activity must complete a Commercial/Financial Relationships & Conflicts of Interest Disclosure form and return to IASLC CME Department for Ethics Committee review.	
SECONDARY METHOD OF COI RESOLUTION	
IASLC CME Ethics Committee and/or independent content reviewer prospectively reviews the content and completes a “Clinical Content Review Form” as well as a “Resolution of Conflict(s) of Interest Form” stating the action taken to resolve the COI.	
Action taken - Level 1	Action taken - Level 2
No financial relationships found	Individual has financial relationships with one or more commercial interests and /or individual relationships with commercial supporter(s) of CME



	<p>activity; and/or individual is employed by a commercial interest</p>
<p>No action required; faculty letter instructs presenter on rules of IASLC's policy and procedures for developing CME content.</p>	<p>The methods the IASLC use to resolve conflicts of interest include, but are not limited to, the following:</p> <p>1) Altering financial relationships: An individual may change his/her relationships with commercial interests, e.g., discontinue contracted services, and in doing so, no duty, loyalty, or incentive remains to introduce bias into the CME content. When an individual terminates a relationship, it is immediately not relevant to conflict of interest, but it must be disclosed to the learners for 12 months.</p> <p>2) Altering control over content: An individual's control of CME content can be altered in several ways to remove the opportunity to affect content related to the products/services of a commercial interest. These include:</p> <p>a. Choosing someone else to control that part of the content - If a proposed teacher/author has a conflict of interest related to the content, choose someone else who does not have a relationship to the commercial interests related to the content.</p> <p>b. Changing the focus of the CME activity - The CME provider can change the focus of the activity so that the content is not relevant to the products/services of the commercial interest that is the basis of the conflict.</p> <p>c. Changing the content of the person's assignment - The role of a person with a conflict of interest can be changed within the CME activity so that he/she is no longer teaching about issues relevant to the products/services of the commercial interest. For example, an individual with a conflict of interest regarding products for treatment of a disease state could address the pathophysiology or diagnosis of the disease rather than the therapeutics.</p>

d. Limiting the content to a report without recommendations - If an individual has been funded by a commercial company to perform research, the individual's presentation may be limited to the data and results of the research. Someone else can be assigned to address broader implications and recommendations.

e. Limiting the sources for recommendations - Rather than having a person with a conflict of interest present personal recommendations or personally select the evidence to be presented, limit the role of the person to reporting recommendations based on formal structured reviews of the literature with the inclusion and exclusion criteria stated (evidence-based). For example, the individual could present summaries from the systematic reviews of a peer-reviewed source.

3) Removing or changing references to products/services of a commercial interest - Delete portions of the presentation that reflect bias, or add comparative data about products/services of other companies.

4) Attestation: Persons who indicate the existence of financial relationships (potential of actual conflicts of interest) are asked to agree in writing to limit practice recommendations to those based on the best available evidence (or absence of evidence) and that such recommendations be consistent with generally accepted medical practice.

5) Peer evaluation: The program director or an informed peer reviews the proposed presentation prior to the CME activity to determine whether a conflict exists. The reviewer reports findings to staff, who takes steps to resolve any conflict. The reviewer monitors the presentation for bias.

6) Independent content validation: Scientific

	<p>abstracts or free-standing papers or articles in enduring materials are peer-reviewed or judged against predetermined criteria to ensure the data supports the conclusions before they are accepted for presentation or publication. Similarly, individuals working together to do reviews of activity content can resolve conflicts of interest by ensuring the content is valid, aligned with the interests of the public, and:</p> <p>a. Recommendations involving clinical medicine are based on best available evidence - evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.</p> <p>b. Scientific research referred to, reported, or used - in a CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.</p> <p>7) Elimination: Activity Directors, activity planning committee members, and/or teachers/authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources (committee members, teachers, authors, etc.) in CME activities. Individuals involved with planning CME activities must recuse themselves from discussing and voting on activities that have potential financial gain to them.</p>
--	---

Timing of the Identification, Management, and Resolution of Conflicts of Interest:

CME Committee/Subcommittee, IASLC Ethics Committee, IASLC Board Faculty, Author and Planning Committee Member(s), et.al:

- Completion of the IASLC CME disclosures and attestation before submission of the CME application. Application will not be reviewed until disclosure is completed.

- Financial relationship(s) is reviewed by IASLC Ethics Committee and/or independent content reviewer:
 - *No COI identified: No action will be taken and planning process can continue.*
 - *COI is identified and not resolved: IASLC Ethics Committee will designate another speaker and the individual is removed from the activity.*

An annually signed Financial Relationships & Conflict of Interest standardized form (via survey monkey) is required for all members of the IASLC CME Subcommittee, Board Members, Ethics Committee, Planners Staff and all individuals employed by IASLC that are in a position to influence and control the content of a CME activity.

General Disclosure for members, employees, staff of IASLC, persons who participate in IASLC Committees, persons who seek to make presentations at any IASLC meeting (non-CME activity) and authors submitting to IASLC sponsored publication (non-JTO): IASLC COI Disclosure Form may be submitted with electronic signature online or in hard copy format via fax, post, or email transmission. Current electronic and hard copy forms are available at www.iaslc.org/policies.

Disclosure for IASLC CME Activity presenters and organizers: CME disclosures must be completed for each activity under separate CME policies and procedures governed by ACCME guidelines and Standards for Commercial Support (SCS).

Disclosure for authors submitting articles for publication in the JTO: The JTO publisher's "Authorship Responsibility, Disclosure, and Copyright Transfer" form must be completed at the time of submission. The JTO form and process of submission and review has been considered by IASLC Ethics Committee and is deemed compliant with IASLC policy at this time.

Officers, Board of Directors, Editor-In-Chief of JTO, and Key Employees must also complete additional disclosures of financial interests and relationships through completion of "Additional Disclosure for IASLC Leadership and Key Employees".

Certain officers and key employees are also subject to additional prohibitions on financial relationships, as follows:

The President, President-Elect, and Immediate Past President, the CEO, and the Editor-in-Chief of JTO may not, during their terms of office, accept any gift, honorarium, salary, fee, or other compensation from any for-profit entity having an investment, licensing, or other commercial interest in a product or services used in the science or practice of oncology. This restriction does not apply

to scientific research, including services as an investigator in a trial, research funding, or compensation for research effort. This restriction does not apply to direct clinical services. IASLC Leadership may accept reimbursement of travel expenses related to non-prohibited activities.

Once a conflict is fully disclosed to the pertinent parties, IASLC will be able to evaluate the possible influence of the disclosed interest through the IASLC Ethics Committee, or where the declaration is made by a member of the Ethics Committee, it will be evaluated by the Board of Directors of IASLC.

1. COI declarations from the IASLC Board members will be submitted to the Ethics Committee for noting, and the Ethics Committee may prohibit a Board member from voting on a particular topic where there is a perceived COI. The Ethics Committee will provide the Board and the Board member with their written report and basis for their recommendation.
2. COI declarations from IASLC Committees and Chairs (apart from the Ethics Committee) and other serving Office Bearers will be submitted to the Ethics Committee for noting and recommendation of any particular actions in regards to exclusion of any involvement of said individual with an issue perceived to incur a COI. The Ethics Committee will provide the Board and the Board member with their written report and basis for their recommendation.
3. COI declarations from the Ethics Committee and Chair will be submitted to the Board for noting and recommendation of any particular actions in regards to any involvement of the Ethics Committee with any issues perceived to incur a COI.
4. Currency: General COI disclosures are required every year. Disclosures for JTO submitting authors, CME activities and officers, directors and key employees are required for each article and activity. It is incumbent upon the individual to amend or re-submit the relevant disclosure form in the event of a material change in their disclosures.

The IASLC Ethics Committee is empowered to review declarations of conflict, publicly disclose declarations of conflict of interest submissions, failure to adhere to ethical guidelines and recommend enforcement of penalties for failure of disclosure to the IASLC Board of Directors. The following and other penalties may be imposed by the IASLC Ethics Committee and/or the Board of Directors for the duration deemed appropriate as listed below:

- a. Temporary or permanent prohibition from presenting at IASLC events, including

- Conferences, Meetings, and/or workshops)
- b. Exclusion from publishing in the *Journal of Thoracic Oncology* or other IASLC publications for 2 or more years
 - c. Exclusion from participation on IASLC Board of Directors, committees, and other office bearer positions
 - d. Temporary or permanent revocation or prohibition of IASLC membership.
 - e. Prohibition of IASLC funding or in-kind support.

Situations where Conflict of Interest cannot be effectively resolved:

While IASLC CME Department strives to be flexible, accessible and helpful in the development and implementation of CME certified activities, there are some situations where adequate resolution of COI may not be feasible. In these situations, CME certification will not be provided. Examples of these situations include:

- Requests for CME certification of the content after the majority of the planning for the CME activity has occurred with faculty and/or content selections already determined;
- Short planning timeframes that don't permit adequate planning and implementation of required ACCME and IASLC CME policies and procedures;
- Inappropriate processes in educational planning and/or financial management that are not consistent with ACCME and IASLC CME policies and processes.

Review and Resolution:

- Identified conflicts of interest will be reviewed by IASLC CME Ethics Committee Board of Directors, and/or Independent Content Reviewer. Additional information on the CME activity may be collected for review. If a COI cannot be resolved through the mechanisms identified above, *AMA PRA Category 1 Credit™* will not be approved.

Oversight:

- The COI and the types of mechanisms used for resolution will be disclosed to CME activity participants. Activities will be evaluated by participants and IASLC CME Subcommittee audience peer reviewers to determine if the content was free of bias and met acceptable scientific standards.

Disclosure to the Learners:

Persons in a position to control the content of CME must attest to content objectivity.

Identified conflicts of interest will be disclosed to CME activity participants. Activities will be evaluated by participants and in some cases peer reviewers from the CME subcommittee to determine if the content was free of commercial bias and met acceptable scientific standards.

Prior to the beginning of the CME activity, Faculty/Speaker/Planners will communicate to learners verbally, via power point slide and/or in the activity materials all disclosure information received from all individuals in a position to influence and/or control CME content. Although it is not necessary to disclose how potential conflicts were resolved, the following statements will be communicated to the learner:

Financial Disclosures No-COI:

- *“Planning committee members and/or faculty were determined to have nothing to disclose”.*

Financial Disclosures COI:

- If a financial interest exists for either a member of the planning committee and/or a presenter, the following information should be communicated to the learner:
 - *The name of the individual*
 - *The name of the commercial interest*
 - *The nature of the relationship the individual has with each commercial interest*
- **In addition, the following sentence should be communicated:**
- *“All planning committee members’ and/or faculty’s identified conflicts of interest pertaining to this activity were resolved prior to the activity.”*

Approved Governmental Regulatory Agencies:

As a result of legal action or regulatory authority, tobacco industry funds are made accessible for remedial public health purposes, such as research.

Such funds that have absolutely no oversight by the tobacco industry could be considered legitimate sources of funding. This would include monies from the USA Master Settlement Agreement, hypothecated tax revenue or research funded by the USA FDA Center for Tobacco Products. As other sources of funding are identified from member countries that might be acceptable sources of funding despite their origin from the tobacco industry (inclusive of novel tobacco products such as electronic cigarettes), these sources should be evaluated by the Ethics Committee of the IASLC to independently assess the funding acceptability. A basic guiding principle should be that no attribution should accrue to a tobacco industry, and this includes any aspect of positive corporate responsibility.

Course Director/ Independent Clinical Reviewer (ICR)

CLINICAL CONTENT REVIEW AND VALIDATION *MONITOR FORM* FOR IASLC CME ACTIVITIES

Instructions to IASLC Ethics Committee Course Director/Independent Reviewer: Thank you for agreeing to review the below named CME activity. *As a course director/independent clinical reviewer for IASLC, you are required to attend the above named activity, and to review all presentation materials for all speakers prior to the start date of the activity.* Your task is to confirm to IASLC that the information presented is fair, balanced, and free of commercial bias towards the industry supporter(s) of either the activity itself or of manufacturers or products discussed during the activity. We ask that you review research studies cited in this activity to confirm that they are objective and conform to principles generally accepted by the scientific community. You are then expected to review patient treatment recommendations to ensure that they are evidence-based, and represent a generally approved standard of practice within the profession in the United States. *If there are any concerns, you are expected to discuss these with the speakers and/or the course director, and changes should be made prior to the presentation.* Of note is that since you are required to identify and resolve any concerns or conflicts, any speaker unwilling to disclose industry relationships or to have their presentation reviewed upon request must be disqualified from presenting at this IASLC activity.

Name of Reviewer:			
Name of Activity:			
Date of Activity:			
Course Director(s):			
Type of Activity:	<input type="checkbox"/> Live Course	<input type="checkbox"/> Webinar	<input type="checkbox"/> Enduring Material
Are there Commercial Supporters for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
A. Did you review the content of all presentations prior to the activity?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:	
B. Please describe the method you used to review this presentation/activity:			
<input type="checkbox"/> Prior review of faculty presentation materials (<i>required for all speakers with industry relationships</i>) <input type="checkbox"/> Direct observation of presentation(s) (<i>required</i>) <input type="checkbox"/> Independent literature review on topics discussed <input type="checkbox"/> Independent discussion(s) with faculty and/or activity participants			

C. Review for Fair Balance and Bias:

- | | | |
|---|--|---|
| 1. Did you feel that this activity was fairly balanced? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment on any identified concerns, and how they were resolved: |
| 2. Did you feel that this activity was free of commercial bias? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment on any identified concerns, and how they were resolved: |

D. Patient Treatment Recommendations:

- | | | |
|---|--|---|
| 1. Were patient treatment recommendations included in this CME activity evidence-based? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment on any identified concerns, and how they were resolved: |
| 2. Were patient treatment recommendations included in this CME activity appropriate for the target audience? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment on any identified concerns, and how they were resolved: |
| 3. Were patient treatment recommendations included in this CME activity intended to contribute to <u>overall improvements in patient care</u> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment on any identified concerns, and how they were resolved: |
| 4. Presentation gives a balance view of therapeutic options and the best available evidence is cited whenever possible. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment on any identified concerns, and how they were resolved: |

E. Scientific Validity:

- | | | |
|---|--|---|
| 1. Did scientific studies cited in this activity conform to standards accepted by the scientific community? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment on any identified concerns, and how they were resolved: |
|---|--|---|

F. Learning Objectives/Desired Outcomes:

- | | | |
|--|--|------------------------|
| 1. Did the educational content support the learning objectives/desired outcomes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, please comment: |
|--|--|------------------------|

2. Were certain learning objectives/desired outcomes actionable and measurable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment:
G. Content		
1. Did any slides or materials need to be deleted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please be specific:
2. Were there other issues you would like to raise with regard to the content of this lecture/activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please be specific:
3. This live activity meets the content validation requirements, current clinical practice standards and reflects the best available evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please be specific:
4. The content of this program is intended to promote improvements or quality in health care and not specific proprietary business interests of commercial entities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please comment on any identified concerns, and how they were resolved:
H. Audience Disclosure: <i>Please confirm that the following were disclosed to the audience in advance and prior of all presentations:</i>		
1. Targeted Audience Learning Objectives/Desired Outcomes CME accreditation statements Faculty disclosure information Activity is Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Was there any evidence of <u>commercial influence</u> in the meeting room/registration area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe the nature of the influence.

I have read and agree to abide by IASLC and ACCME Guidelines for CME faculty.

IASLC Ethics Committee course Director or ICR Reviewer's Name

Course Planner or ICR Reviewer's Signature

Date

Resolution of Conflict(s) of Interest Form

Secondary COI Resolution Method for ALL Activities IASLC Presents

To be completed for each individual involved with the planning and/or implementation of the activity's content who has disclosed financial relationship(s) with commercial interest(s). Note: This form must be completed prior to the event.

Meeting Title: _____

Presentation Title: _____

Activity Date: _____

Speaker: _____

I have reviewed the speaker's identified financial relationships and handled his/her perceived conflicts of interest by the following means (check all that apply and provide further explanation as needed).

No Resolution Required: Speaker(s) topic and presentation is not pertinent to the speaker's disclosed financial relationship(s) with commercial interest(s).

Peer Evaluation: The IASLC CME Ethics Committee or knowledgeable clinician reviewed the content (slides) prior to the start of the presentation.

Review did not require changes to the content.

The following changes were made to the content: _____

Independent Content Validation: a) content is valid and aligned with the interests of the public; b) all recommendations involving clinical medicine are based on best available evidence; c) all scientific research referred to, reported, or used in the CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

Altered control over content:

Choose someone else to control that part of the content

Changed the focus of the CME activity

Changed the content of the person's assignment

Limited sources for recommendations

Limited content to a report without recommendations

Elimination: Activity Medical Directors, planning committee members and/or speakers/authors who were perceived as either manifesting conflicts of interest or being biased will be eliminated from consideration as resources in subsequent certified IASLC CME activities.

Comments: _____

Signature of IASLC CME Specialist

Date

Please email this form to IASLC CME Department at carlos.ferreira@iaslc.org upon completion.

